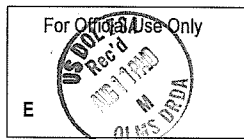


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>6091</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>D</u> <u>Cox</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3300 S. 103rd Street</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53227-4111</u>	4. Name, file number, and address of labor organization. Name <u>Steamfitters Local #601</u> Labor Organization File Number <u>036-231</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>3300 S. 103rd Street</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53227-4111</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James D. Cox</u>	On <u>8/4/2005</u> Date	<u>414-543-0601</u> Telephone Number

Name of Person Filing James Cox	File Number U-
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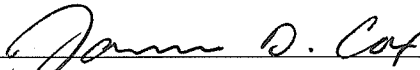
B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Int'l Foundation/Employee Benefit Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 69</p> <p>Street 18700 West Bluemound Road</p> <p>City Brookfield</p> <p>State Wisconsin ZIP Code + 4 53008-0069</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Wisconsin Pipe Trades Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11270 West Park Place</p> <p>City Milwaukee</p> <p>State Wisconsin ZIP Code + 4 53224</p>	<p>11.a. Nature of such dealing.</p> <p>Health Fund Trustee</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Education Conference</p> <table><tr><td>Hotel:</td><td>Air fare:</td></tr><tr><td>6/13/04 - \$156.20</td><td>\$331.40</td></tr><tr><td>6/14/04 - \$156.20</td><td></td></tr><tr><td>6/15/04 - \$156.20</td><td></td></tr><tr><td>6/16/04 - 156.20</td><td></td></tr></table> <p>12.b. Amount.</p> <p>\$956</p>	Hotel:	Air fare:	6/13/04 - \$156.20	\$331.40	6/14/04 - \$156.20		6/15/04 - \$156.20		6/16/04 - 156.20	
Hotel:	Air fare:										
6/13/04 - \$156.20	\$331.40										
6/14/04 - \$156.20											
6/15/04 - \$156.20											
6/16/04 - 156.20											

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

JAMES COX
STEAMFITTERS LOCAL 601
ATTACHMENT TO FORM LM-30

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.



Signature

8-4-05

Date